



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
URBAN FLIGHT AND RURAL NEEDS SCHOLARSHIP
P.O. Box 480, Jefferson City, MO 65102

APPLICATION FOR URBAN FLIGHT AND RURAL NEEDS SCHOLARSHIP

INSTRUCTIONS ⇒ RETURN THIS APPLICATION ALONG WITH ALL OFFICIAL TRANSCRIPTS AND A STUDENT FINANCIAL AID STATEMENT TO THE ABOVE ADDRESS.

APPLICATIONS MUST BE POSTMARKED BY APRIL 15

TO BE COMPLETED BY APPLICANT

NAME

SOCIAL SECURITY NUMBER

HOME ADDRESS

CITY

STATE

ZIP CODE

COUNTY

TELEPHONE NUMBER

DATE OF BIRTH

()

NAME OF PARENT/GUARDIAN

HOME ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBR

()

ETHNIC ORIGIN (CHECK ONE)

___ AFRICAN AMERICAN
___ ASIAN AMERICAN

___ HISPANIC AMERICAN
___ NATIVE AMERICAN

___ WHITE
___ OTHER _____

SEX

___ MALE
___ FEMALE

IN ORDER OF PREFERENCE, LIST THE COMMUNITY COLLEGES OR 4-YEAR COLLEGE OR UNIVERSITY THAT YOU WOULD ATTEND IF YOU WERE AWARDED A SCHOLARSHIP. THESE INSTITUTIONS MUST HAVE AN APPROVED TEACHER EDUCATION PROGRAM,

(1)

(2)

IN WHICH GRADE LEVELS WOULD YOU PREFER TO TEACH?

___ ELEMENTARY ___ JUNIOR HIGH SCHOOL ___ ☐ OTHER (SPECIFY) _____
___ MIDDLE SCHOOL ___ HIGH SCHOOL

IN WHAT SUBJECT AREA WOULD YOU PREFER TO SPECIALIZE?

HIGH SCHOOL/INSTITUTION CURRENTLY ATTENDING

CURRENT ACADEMIC STATUS (CHECK)

___ HIGH SCHOOL SENIOR

___ COMMUNITY COLLEGE/UNIVERSITY FRESHMAN ☐

___ COMMUNITY COLLEGE/UNIVERSITY SOPHOMORE ☐

___ RETURNING ADULT STUDENT

___ HOURS COMPLETED DECEMBER OF CURRENT YEAR

___ HOURS COMPLETED DECEMBER OF CURRENT YEAR

___ HOURS COMPLETED DECEMBER OF CURRENT YEAR

SIGNATURE OF APPLICANT INDICATES VERIFICATION OF CURRENT STATUS

DATE